

Submit form and fee to: Experior 1260 Energy Lane St. Paul, MN. 55108 Attn: MA social worker 1 800-626-0750	SOCIAL WORKERS RE-LICENSURE (< 2 years) REGISTRATION FORM for the COMMONWEALTH OF MASSACHUSETTS	See Other Side For Instructions
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1 <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Telephone Number (during the day)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Last Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> First Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Middle Name
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mailing Address		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Maiden Name
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> City	<input type="text"/> <input type="text"/> State	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Zip Code
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> School Graduated	<input type="text"/> <input type="text"/> Year Grad.	<input type="text"/> <input type="text"/> State
<input type="checkbox"/> Requesting special accommodations (see instruction (1) on reverse side)		

1. How long has your license been lapsed? <input type="checkbox"/> Less than two years (No exam required)	2. Mark the appropriate block for the examination you will be taking (if any). <input type="checkbox"/> LICSW <input type="checkbox"/> LCSW <input type="checkbox"/> LSW <input type="checkbox"/> LSWA
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5 Make your certified check or money order payable in U.S. currency to “Experior” for the appropriate amount.

Type of License	<u>FEES AS OF October 1, 2003:</u>
<input type="checkbox"/> LICSW	\$210.00
<input type="checkbox"/> LCSW	\$199.00
<input type="checkbox"/> LSW	\$187.00
<input type="checkbox"/> LSWA	\$177.00

***FEES ARE SUBJECT TO CHANGE**

	FOR OFFICE USE ONLY DATE: _____ AMT REC'D: _____ CHECK #: _____
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RE-LICENSURE INSTRUCTIONS

READ ALL INSTRUCTIONS CAREFULLY PRIOR TO SUBMITTING THE APPLICATION

Experior is a professional test administration service under contract with the Massachusetts Division of Professional Licensure. All candidates will be required to complete the registration form (on the reverse side) and submit this form and fee to Experior. It will be the candidate's responsibility to insure that all necessary application documents have been correctly completed and submitted along with this form to Experior. ➡**ALL FORMS MUST BE COMPLETED AND SENT TO EXPERIOR**

Fill in the requested information completely and legibly. Typing is preferred.

1. If you are requesting special accommodations due to a disability, you must submit official justifying documents. ADA requests must be received with the application.
2. **Send a written explanation** specifically detailing the circumstances surrounding the expiration of your license.
3. **Submit** documentation of the required **continuing education**.
4. The Processing Fee is listed on the front of this form. Applications received without the processing fee attached will be returned. Make your **certified check or money order payable in U.S. currency to "Experior"** for the appropriate amount.
5. **Sign** and date the candidate affidavit at the bottom of the form.
6. Submit the Registration Form, completed Application, and Fee to:

**Experior
1260 Energy Lane
St. Paul, MN. 55108
Attn: MA Social Worker**

- If you have any questions about the Registration form, Application, or Fee, please contact Experior at 1-800-813-6671 between 9:00 a.m. and 5:30 p.m. Eastern Standard Time. If you have questions about your eligibility or the statutory requirements, please call the Board of Registration of Social Workers at (617) 727-3073.
7. **REFUND AND CANCELLATION POLICY:** Application fees are non-refundable.